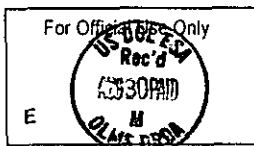


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4647</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>CHARLES A TOTH</u> P.O. Box, Bldg., Room No., if any _____ Street <u>401 POPLAR STREET</u> City <u>TERRE HAUTE</u> State <u>INDIANA</u> ZIP Code + 4 <u>47807</u>	4. Name, file number, and address of labor organization. Name <u>LABORERS AFL-CIO LOCAL 204</u> Labor Organization File Number <u>017057</u> P.O. Box, Building and Room Number, if any _____ Street <u>401 POPLAR STREET</u> City <u>TERRE HAUTE</u> State <u>INDIANA</u> ZIP Code + 4 <u>47807</u>
5. Position in labor organization. <u>SECRETARY-TREASURER &amp; BUSINESS MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. <b>SCHEDULES ATTACHED</b>	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____ _____

Signature

15. **Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Charles A. Toth

On

7-26-05

Date

812-232-0989

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

-0-

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

**SCHEDULES  
ATTACHED**

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

## 14.b. Amount of payment.

Part A: Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value.

Date

6 Name of Employer	<b>Indiana Laborers Pension Trust Fund</b>	1/18/2004
Trade Name, if any		
P.O. Box, Bldg, Room No.	<b>P.O. Box 1587</b>	
Street		
City	<b>Terre Haute</b>	
State	<b>IN</b>	
Zip Code	<b>47808</b>	
7. a. Nature of interest, transaction or income	<b>Reimbursed expenses</b>	
7. b. Amount	<b>\$1,983</b>	

6 Names of Employer	<b>Indiana Laborers Pension Trust Fund</b>	12/15/2004
Trade Name, if any		
P.O. Box, Bldg, Room No.	<b>P.O. Box 1587</b>	
Street		
City	<b>Terre Haute</b>	
State	<b>IN</b>	
Zip Code	<b>47808</b>	
7. a. Nature of interest, transaction or income	<b>Reimbursed expenses</b>	
7. b. Amount	<b>\$1,638</b>	

Part C: Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value.

Date

13. a. Name of Employer or Consultant	<b>First Financial Bank</b>	11/8/2004
Trade Name, if any		
P.O. Box, Bldg, Room No., if any	<b>P.O. Box 540</b>	
Street		
City	<b>Terre Haute</b>	
State	<b>IN</b>	
Zip Code	<b>47808-0540</b>	
13. b. Is the Business an Employer or Consultant?	<b>Consultant</b>	
14. a. Nature of payment	<b>Duck hunting</b>	
14. b. Amount of payment	<b>\$196</b>	
13. a. Names of Employer or Consultant	<b>Weiss Peck &amp; Greer</b>	12/1/2004
Trade Name, if any		
P.O. Box, Bldg, Room No., if any		
Street	<b>1335 Hampton Course</b>	
City	<b>St. Charles</b>	
State	<b>IL</b>	
Zip Code	<b>60174</b>	
13. b. Is the Business an Employer or Consultant?	<b>Consultant</b>	
14. a. Nature of payment	<b>Reception</b>	
14. b. Amount of payment	<b>\$50</b>	
13. a. Names of Employer or Consultant	<b>Ark Asset Management</b>	12/2/2004
Trade Name, if any		
P.O. Box, Bldg, Room No., if any		
Street	<b>125 Broad Street</b>	
City	<b>New York</b>	
State	<b>NY</b>	
Zip Code	<b>10004</b>	
13. b. Is the Business an Employee or Consultant?	<b>Consultant</b>	
14. a. Nature of payment	<b>Dinner</b>	
14. b. Amount of payment	<b>\$125</b>	

# LABORERS INTERNATIONAL UNION OF NORTH AMERICA

Telephone: 812-232-0989 FAX: 812-232-0980

401 Poplar Street - Terre Haute, Ind. 47807

Local No. 204

Bobby L. Earle, Jr., President

Charles A. Toth  
Secretary-Treasurer - Business Manager



August 9, 2005

U.S. Department of Labor  
Employee Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW, Room N-5616  
Washington, DC 20210

Dear Sir:

Enclosed please find revised Form LM-30 for Charles A. Toth. He had a meal on 5/14/2004 that he had forgotten to include with what was filed on 7/26/05. We are also including a copy of what was originally filed for easier reference.

With kind regards, I remain

Sincerely,

Charles A. Toth  
Secretary-Treasurer &  
Business Manager

CAT:lf  
Encls.

Labor organization officer: Charles A. Toth

File number: N/A

Ending Date: 12/31/04

Part C: Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value.

Date

13. a. Name of Employer or Consultant	<b>Midwest Region LECET</b>	5/14/2004
Trade Name, if any		
P.O. Box, Bldg, Room No., if any	<b>1 N. Old State Capitol Plaza, Ste. 525</b>	
Street		
City	<b>Springfield</b>	
State	<b>IL</b>	
Zip Code	<b>62701</b>	
13. b. Is the Business an Employer or Consultant?		
14. a. Nature of payment	<b>Meal (discussed IDOT &amp; Parsons Const)</b>	
14. b. Amount of payment	<b>\$84</b>	